



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D3556-1**  
**Job Sheet 172829**



Part No: D3556-1

Job Qty: 20 ea

Part Name: R44 Bearpaw Clamp



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 2/22/18

Job Tracking No:

Due Date: 3/12/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV D IPP Rev:A New Issue 07-03-23 JLM IPP Rev:B 08-07-28 per dwg revb (ecn 08-506) DD verified by:EC IPP Rev C 11.07.14 now in-house EC verified by:JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 20 Ea  | 3/10/18    | 3/10/18  | 0.00      | 0.00    | Start Up Waterjet     |           | DE 18/02/25 |
| 100   | Waterjet           | 20 pcs | 3/10/18    | 3/10/18  | 0.00      | 0.76    | Waterjet1             |           | DE 18/02/25 |
| 120   | QC                 | 20 pcs | 3/10/18    | 3/10/18  | 0.00      | 0.00    | QC8                   |           | 1           |
| 130   | Brake NC           | 20 pcs | 3/12/18    | 3/12/18  | 0.01      | 0.33    | Brake NC 1            |           | SH          |
| 140   | QC                 | 20 pcs | 3/12/18    | 3/12/18  | 0.00      | 0.00    | QC5                   |           | OK 18-2-25  |
| 150   | Packaging          | 20 pcs | 3/12/18    | 3/12/18  | 0.00      | 0.00    | Packaging3            |           | MAR 15 2019 |
| 160   | QC21-SA            | 20 Ea  | 3/12/18    | 3/12/18  | 0.00      | 0.00    | QC21                  |           | DAG 21 9:00 |

### Job BOM

| Part / Item | Component Name     | Quantity           | Operation             | Container |
|-------------|--------------------|--------------------|-----------------------|-----------|
| M304S16GA   | 304/316 Sheet .063 | .7600 sf (.038 ea) | 90-Start up Operation | 5044941   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M304S16GA      | 1        | 120       | 0         |

### Part Specifications

| Spec No | Description | Target/Tolerance               | Limits         | Type | Special Comments |
|---------|-------------|--------------------------------|----------------|------|------------------|
| 1       | Clamp       | 0.375inches ± 0.010            | 0.385<br>0.365 |      |                  |
| 2       | Clamp       | 0.450inches ± 0.010            | 0.460<br>0.440 |      |                  |
| 3       | Clamp       | 0.750inches ± 0.030            | 0.780<br>0.720 |      |                  |
| 4       | Clamp       | 1.000inches ± 0.030            | 1.030<br>0.970 |      |                  |
| 5       | Clamp       | 7.130inches ± 0.030            | 7.160<br>7.100 |      |                  |
| 6       | Clamp       | 0.257inches + 0.005<br>- 0.001 | 0.262<br>0.256 |      |                  |
| 7       | Clamp       | 0.375inches ± 0.010            | 0.385<br>0.365 |      |                  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|--------------------------|----------|--------------------------|----------|--------------------------|--------------|--------------------------|---------------|--------------------------|----------|--------------------------|--------------|--------------------------|----------|--------------------------|----------|--------------------------|-----------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|---------|--------------------------|-----|--------------------------|---------------------|--------------------------|------------|--------------------------|---------------------|--------------------------|------------------|--------------------------|-----------------------|--------------------------|---------------|--------------------------|----------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------------------|----------------------------------------|---------------------------------------------|------------------------------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-------------------------------|-----------------------------------------|--------------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|----------------------------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-------------------------------------|---------------------------------|--|---------------------------------------|----------------------------------|--|------------------------------------------------|-------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br><br>Suspected Under _____ |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br>Skid-tube <input type="checkbox"/><br><br>Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Core/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/><br><br>Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | Step #: _____                                                                                                                                                  |                          | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                 |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| <b>Description</b><br><br><div style="text-align: center;"> <br/>           DART Aerospace Ltd.<br/>           127th Aberdeen Street<br/>           Lakesbury, ON K6A 1K7<br/>           CANADA<br/>           TEL: 1-800-532-5200<br/>           TEL: 1-616-845-0000<br/>           Email: sales@dartaero.com<br/>           www.dartaero.com<br/><br/>           Date: 02/26/16<br/><br/>           Container No.: S045587<br/>           Part: D3556 - 1<br/>           Job No: 172829<br/>           Serial No/ Batch: S045587<br/>           Revision: D3556<br/>           Inspector: _____         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                                |                          | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| <b>Root Cause</b><br><table border="0" style="width:100%;"> <tr><td>Environment</td><td><input type="checkbox"/></td><td>No Re-verification</td><td><input type="checkbox"/></td></tr> <tr><td>Design</td><td><input type="checkbox"/></td><td>Operator</td><td><input type="checkbox"/></td></tr> <tr><td>Doc/Data</td><td><input type="checkbox"/></td><td>Offset/Setup</td><td><input type="checkbox"/></td></tr> <tr><td>Equip/Tooling</td><td><input type="checkbox"/></td><td>Supplier</td><td><input type="checkbox"/></td></tr> <tr><td>Handling/Pre</td><td><input type="checkbox"/></td><td>Training</td><td><input type="checkbox"/></td></tr> <tr><td>Material</td><td><input type="checkbox"/></td><td>Use for Testing</td><td><input type="checkbox"/></td></tr> <tr><td>Internal Transport</td><td><input type="checkbox"/></td><td>Poor Information</td><td><input type="checkbox"/></td></tr> <tr><td>Tribal Knowledge</td><td><input type="checkbox"/></td><td>Rushing</td><td><input type="checkbox"/></td></tr> <tr><td>LOA</td><td><input type="checkbox"/></td><td>Product Improvement</td><td><input type="checkbox"/></td></tr> <tr><td>Substation</td><td><input type="checkbox"/></td><td>Process Improvement</td><td><input type="checkbox"/></td></tr> <tr><td>Past Expiry Date</td><td><input type="checkbox"/></td><td>Manufacturing Process</td><td><input type="checkbox"/></td></tr> <tr><td>Misidentified</td><td><input type="checkbox"/></td><td>Past Due</td><td><input type="checkbox"/></td></tr> </table> |                                                | Environment                                                                                                                                                    | <input type="checkbox"/> | No Re-verification                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table border="0" style="width:100%;"> <tr><td><input type="checkbox"/> BOM/Route</td><td><input type="checkbox"/> Power Loss/Surge</td><td><input type="checkbox"/> Positioned Wrong</td></tr> <tr><td><input type="checkbox"/> Broken/Damage/Defect</td><td><input type="checkbox"/> Folio/Program</td><td><input type="checkbox"/> Outside Dimensions</td></tr> <tr><td><input type="checkbox"/> Inspection Incomplete/Unqualified</td><td><input type="checkbox"/> Grain</td><td><input type="checkbox"/> Over/Under tolerance</td></tr> <tr><td><input type="checkbox"/> Contamination</td><td><input type="checkbox"/> Weld</td><td><input type="checkbox"/> Part Incorrect</td></tr> <tr><td><input type="checkbox"/> Countersink</td><td><input type="checkbox"/> Wrong Stock Pulled</td><td><input type="checkbox"/> Part Lost/Missing</td></tr> <tr><td><input type="checkbox"/> Cut Too Short</td><td><input type="checkbox"/> Out of Sequence</td><td><input type="checkbox"/> Part Moved</td></tr> <tr><td><input type="checkbox"/> Instructions Incomplete/Unclear</td><td><input type="checkbox"/> Off-set</td><td><input type="checkbox"/> Drawing</td></tr> <tr><td><input type="checkbox"/> Drill Holes</td><td><input type="checkbox"/> Mislabeled</td><td><input type="checkbox"/> Finish</td></tr> <tr><td></td><td><input type="checkbox"/> Fit/Function</td><td><input type="checkbox"/> Misread</td></tr> <tr><td></td><td><input type="checkbox"/> Misaligned/off center</td><td><input type="checkbox"/> Turning Sequence</td></tr> </table> |  |  |  | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Grain | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Contamination | <input type="checkbox"/> Weld | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Countersink | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Off-set | <input type="checkbox"/> Drawing | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Finish |  | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misread |  | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                       | No Re-verification                                                                                                                                             | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                       | Operator                                                                                                                                                       | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                       | Offset/Setup                                                                                                                                                   | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                       | Supplier                                                                                                                                                       | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                       | Training                                                                                                                                                       | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                       | Use for Testing                                                                                                                                                | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                       | Poor Information                                                                                                                                               | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                       | Rushing                                                                                                                                                        | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                       | Product Improvement                                                                                                                                            | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                       | Process Improvement                                                                                                                                            | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                       | Manufacturing Process                                                                                                                                          | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                       | Past Due                                                                                                                                                       | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| <input type="checkbox"/> BOM/Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong                                                                                                                      |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| <input type="checkbox"/> Broken/Damage/Defect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| <input type="checkbox"/> Inspection Incomplete/Unqualified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| <input type="checkbox"/> Contamination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect                                                                                                                        |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| <input type="checkbox"/> Countersink                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing                                                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| <input type="checkbox"/> Cut Too Short                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| <input type="checkbox"/> Instructions Incomplete/Unclear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| <input type="checkbox"/> Drill Holes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Mislabeled            | <input type="checkbox"/> Finish                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence                                                                                                                      |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                       |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                                           |                                           |                                               |                                        |                                             |                                                            |                                |                                               |                                        |                               |                                         |                                      |                                             |                                            |                                        |                                          |                                     |                                                          |                                  |                                  |                                      |                                     |                                 |  |                                       |                                  |  |                                                |                                           |

|   |       |                         |                |
|---|-------|-------------------------|----------------|
| 8 | Clamp | 6.226inches $\pm$ 0.030 | 6.256<br>6.196 |
| 9 | Clamp | 0.063inches $\pm$ 0.010 | 0.073<br>0.053 |

Plex 2/22/18 6:21 AM Dart.lajeunesse.marie

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |